



DEPARTMENT OF PUBLIC SOCIAL SERVICES

WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number:
04-16

Date:
07/07/2004

Administrative Memorandum

SUBJECT: PROCEDURES FOR COMPLETING MILEAGE CLAIM FORMS

REFERENCE:

CANCELS:

FILE IN: WFP&I Handbook, Section 28-100

SPECIAL ATTENTION:

[X] All WFP&I Staff

I. PURPOSE

This Administrative Memorandum provides the policies and procedures for completing and submitting a 76M395-Rev., Mileage Claim form, for mileage permittees assigned to the Welfare Fraud Prevention & Investigations (WFP&I) section.

Procedures for mileage permittees who choose not to be reimbursed for miles driven or parking related expenses incurred during the performance of their duties are also provided.

II. POLICY

The Department of Public Social Services (DPSS) allows the Office Head to provide an alternative method to account for an employee's field time. Mileage permittees must complete and submit a mileage claim form each month indicating the date, time, address visited, purpose of trip and speedometer reading from departure to return. However, mileage permittees have the option to choose not to be reimbursed for miles driven or parking related expenses incurred during the performance of their duties.

III. PROCEDURES

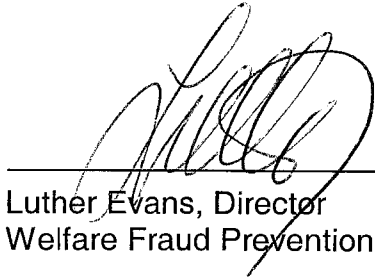
Effective immediately, all employees who drive on County business shall submit a completed form 76M395-Rev., Mileage Claim, (Attachment I) monthly.

Mileage permittees that choose not to be reimbursed for miles driven and parking related expenses, shall complete all areas on the 76M395-Rev., Mileage Claim form (Attachment II), except for the lower middle and right side boxes titled "Mileage Claimed" and "Parking Claimed" and submit the completed form with the statement, "I Do Not Wish To Be Reimbursed" printed above the space provided for the employee number. Mileage permittees who do not submit a completed mileage claim form reporting miles driven may risk their mileage permittee status.

III. PROCEDURES - (Continued)

All employees must have a completed PA 632, Field Itinerary, approved and signed by their Supervisor, the Supervisor's designee or the Deputy Director prior to driving on any County business.

Please direct all questions regarding this memorandum to your immediate supervisor.

A handwritten signature in black ink, appearing to read 'Luther Evans', is written over a horizontal line.

Luther Evans, Director
Welfare Fraud Prevention & Investigations Section

LE:MH:rw

Attachment

c: Deputy Directors
Chief Clerk

MILEAGE CLAIM

ORIGINAL - AUDITOR-CONTROLLER
DUPLICATE - DEPARTMENT
TRIPLICATE - EMPLOYEE

PERMITTEE

NAME _____
HOME _____
ADDRESS _____ CITY _____

DEPARTMENT NUMBER _____

DISTANCE BETWEEN HOME & HDQTRS _____ MILES

CLAIM PERIOD: _____

HDQTRS ADDRESS _____ CITY _____

LAST DATE DRIVEN _____

PAYROLL TITLE: _____

FALSIFYING THIS REPORT WILL BE CAUSE FOR DISMISSAL

[illegible]

IF MORE THAN ONE SHEET IS USED, DETACH ON HEAVY LINE, EXCEPT LAST SHEET OF CLAIM

I HEREBY CERTIFY THAT THE ABOVE TRIPS WERE NECESSARY
IN THE PERFORMANCE OF MY DUTY. CLAIM IS HEREBY MADE
FOR MILEAGE AS ITEMIZED ABOVE.

EMPLOYEE _____

PERMITTEE
SIGNATURE _____

APPROVED _____

BY _____

MILEAGE CLAIMED

NON-Taxable Miles _____

Taxable Miles_____

TOTAL MILES

_____ MILES @ _____¢ \$_____

_____ MILES @ _____¢ \$_____

MILES @ _____ \$ _____

TOTAL AMOUNT

CLAIMED FOR MILEAGE \$

PARKING CLAIMED

NON-
TAXABLE PARK. \$ _____

TAXABLE PARK. \$ _____

TOTAL PARKING
EXPENSE \$=====

AUDITOR

EXAMINED BY

**COMPUTATION CORRECT,
AUDITOR-CONTROLLER**

BY _____ DEPUTY

MILEAGE CLAIM

ORIGINAL - AUDITOR-CONTROLLER
DUPLICATE - DEPARTMENT
TRIPPLICATE - EMPLOYEE

PERMITTEE

NAME _____

[HOME](#)

HOME ADDRESS	CITY
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DISTANCE BETWEEN HOME & HDQTRS	MILES
1	10
2	20
3	30
4	40
5	50
6	60
7	70
8	80
9	90
10	100
11	110
12	120
13	130
14	140
15	150
16	160
17	170
18	180
19	190
20	200
21	210
22	220
23	230
24	240
25	250
26	260
27	270
28	280
29	290
30	300
31	310
32	320
33	330
34	340
35	350
36	360
37	370
38	380
39	390
40	400
41	410
42	420
43	430
44	440
45	450
46	460
47	470
48	480
49	490
50	500
51	510
52	520
53	530
54	540
55	550
56	560
57	570
58	580
59	590
60	600
61	610
62	620
63	630
64	640
65	650
66	660
67	670
68	680
69	690
70	700
71	710
72	720
73	730
74	740
75	750
76	760
77	770
78	780
79	790
80	800
81	810
82	820
83	830
84	840
85	850
86	860
87	870
88	880
89	890
90	900
91	910
92	920
93	930
94	940
95	950
96	960
97	970
98	980
99	990
100	1000

DEPARTMENT NUMBER _____

CLAIM PERIOD:

HDQTRS ADDRESS	CITY
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LAST DATE DRIVEN

PAYROLL TITLE: _____

FALSIFYING THIS REPORT WILL BE CAUSE FOR DISMISSAL

[illegible]

IF MORE THAN ONE SHEET IS USED, DETACH ON HEAVY LINE, EXCEPT LAST SHEET OF CLAIM

I HEREBY CERTIFY THAT THE ABOVE TRIPS WERE NECESSARY
IN THE PERFORMANCE OF MY DUTY.

I DO NOT WISH TO BE REIMBURSED

EMPLOYEE

PERMITTEE
SIGNATURE

APPROVED _____

DEPARTMENT HEAD

BY _____

MILEAGE CLAIMED

NON-Taxable Miles _____

Taxable Miles _____

TOTAL MILES

_____ MILES @ _____ c _____ \$ _____

_____ MILES @ _____ ¢ \$ _____

 MILES @ \$ \$

TOTAL AMOUNT

CLAIMED FOR MILEAGE \$

PARKING CLAIMED

NON-
TAXABLE PARK, \$

TAXABLE PARK. \$

TOTAL PARKING
EXPENSE \$_____

AUDITOR

EXAMINED BY

COMPUTATION CORRECT,
AUDITOR-CONTROLLER

BY _____ DEPUTY